

<b>1. Last Name</b>		<b>First Name</b>		<b>M.I.</b>		<b>2. Social Security Number</b> <div style="display: flex; justify-content: space-around;"> <div><div style="width: 20px; height: 20px; border: 1px solid black;"></div><div style="width: 20px; height: 20px; border: 1px solid black;"></div><div style="width: 20px; height: 20px; border: 1px solid black;"></div></div> <div><div style="width: 20px; height: 20px; border: 1px solid black;"></div><div style="width: 20px; height: 20px; border: 1px solid black;"></div><div style="width: 20px; height: 20px; border: 1px solid black;"></div></div> </div>				
<b>3. Current Home Address</b>						<b>4. Home Phone</b> (    )    -				
Is this a recent change? <input type="checkbox"/> Yes <input type="checkbox"/> No						<b>Work Phone</b> (    )    -				
Street    Apt #						<b>Fax</b> (    )    -				
City    County    State    Zip						<b>E-mail</b>				
<b>5. U.S. Citizen or Permanent Resident Alien?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No										
Nation of Citizenship _____ Visa type/Perm Resident No. _____										
<b>6. Birth date</b> <div style="display: flex; justify-content: space-around;"> <div><div style="width: 20px; height: 20px; border: 1px solid black;"></div><div style="width: 20px; height: 20px; border: 1px solid black;"></div><div style="width: 20px; height: 20px; border: 1px solid black;"></div></div> </div>		<b>7. Sex</b> <input type="checkbox"/> F <input type="checkbox"/> M		<b>8. Requested for Federal and State Reporting Purposes</b>						
<b>9. Resident</b> <input type="checkbox"/> No, previous state/country _____ <input type="checkbox"/> Yes, I have resided in the state of Florida for the past 12 consecutive months.		<input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Other		<b>Term (check one)</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer						
<b>COURSE INFORMATION</b>										
Section #	Course #	Title	Day/Date					Time	Florida Fee \$	Non-Florida Fee \$
									\$	\$
									\$	\$
Section #	Course #	Title	Day/Date	Time	Florida Fee \$	Non-Florida Fee \$				
					\$	\$				
					\$	\$				
<b>Official Use Only</b>				<b>Payment Method</b>						
<b>Term:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Due Date _____ Operator _____ Amount \$ _____				<input type="checkbox"/> Bill Agency <i>(Written authorization must be submitted on agency letterhead and include the amount of funds your agency will pay.)</i> <input type="checkbox"/> VISA <input type="checkbox"/> AX <input type="checkbox"/> DISCOVER <input type="checkbox"/> MC    Exp. Date _____ Credit Card # <div style="display: flex; justify-content: space-around;"> <div><div style="width: 20px; height: 20px; border: 1px solid black;"></div><div style="width: 20px; height: 20px; border: 1px solid black;"></div><div style="width: 20px; height: 20px; border: 1px solid black;"></div></div> <div><div style="width: 20px; height: 20px; border: 1px solid black;"></div><div style="width: 20px; height: 20px; border: 1px solid black;"></div><div style="width: 20px; height: 20px; border: 1px solid black;"></div></div> <div><div style="width: 20px; height: 20px; border: 1px solid black;"></div><div style="width: 20px; height: 20px; border: 1px solid black;"></div><div style="width: 20px; height: 20px; border: 1px solid black;"></div></div> </div> <input type="checkbox"/> Check # _____ <i>Mail to: SCC Business Office, 100 Weldon Boulevard, Sanford, FL 32773-6199</i> <i>Make checks payable to: <b>SCC</b></i>						
				Credit Card users may fax registration form to: <b>407-328-2029</b> <b>PAYMENT MUST ACCOMPANY REGISTRATION FORM</b>						
I certify that all information that I have provided related to my enrollment at Seminole Community College, including my statement as to my status as a Florida resident for tuition purposes, is accurate to the best of my knowledge. I understand that a false statement will subject me to penalties for making a false statement pursuant to Florida Statute 837.06.										
Signature _____				Date _____						



**Seminole Community College**  
SCC Corporate College

**REGISTRATION FORM**

## 5 easy ways to register . . .



### Mail

Mail your registration and payment to the Business Office at least 14 days prior to the start of the first class meeting. Please select another method if class begins in less than two weeks.  
**Mail to:** Seminole Community College Business Office  
 100 Weldon Boulevard, Sanford, FL 32773-6199



### Phone...407-328-2743

If you have attended SCC within the past five years, you may use our phone registration. You need the course information and Spring schedule.



### Online [www.scc-fl.edu](http://www.scc-fl.edu)

You can register for class using the Internet if you have registered for a class within the past five years. Visit the Seminole Community College homepage: [www.scc-fl.edu](http://www.scc-fl.edu). Select the S-PASS icon and follow the easy step-by-step instructions.  
**S-PASS Helpline: 407-328-2460**



### On-Site - Registration hours begin January 3.

**Sanford/Lake Mary Campus, 100 Weldon Blvd., Sanford**  
 8:30 am-7:00 pm, Monday through Thursday  
 8:30 am-4:00 pm, Friday

**Oviedo Campus, 2505 Lockwood Blvd., Oviedo**  
 8:30 am-7:00 pm, Monday through Thursday  
 8:30 am-4:00 pm, Friday

**Hunt Club Center, 510 Hunt Club Blvd., Forest City**  
 8:30 am-7:00 pm, Monday through Thursday  
 8:30 am-3:00 pm, Friday



### Fax...407-328-2029

Please sign the form and select credit card or bill agency. Fax it to 407-328-2029. **Faxed registrations can only be processed if payment accompanies the fax. Direct agency billing requires a cover letter authorizing SCC to establish a billing account.**